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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Docket Number 615316 Substitute for Form PTO-875 OTHER THAN CLAIMS AS FILED - PART I OR SMALL ENTITY SMALL ENTITY (Column 1) (Column 2) NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE FOR BASIC FEE OR (37 CFR 1.16(a)) **TOTAL CLAIMS** X \$ X \$ minus 20 = OR (37 CFR 1.16(c)) INDEPENDENT CLAIMS X \$ (37 CFR 1.16(b)) minus 3 = OR MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d)) OR TOTAL TOTAL OR \* If the difference in column 1 is less than zero, enter \*0" in column 2. CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY (Column 1) CLAIMS HIGHEST PRESENT ADD-TIONAL FEE REMAINING NUMBER RATE ADDI-RATE **PREVIOUSLY** EXTRA TIONAL AFTER ENDMENT FEE AMENDMENT PAID FOR Minus Total 3 X S X \$ (37 CFR 1.16(c)) OR Minus Independent (37 CFR 1.16(b)) X S OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1. 6(d)) OR TOTAL TOTAL ADD'L FEE ADD'L FEE OR (Column 2) (Column 3) (Column 1) HIGHEST CLAIMS  $\boldsymbol{\omega}$ PRESENT RATE ADDI-RATE ADDI-NUMBER REMAINING **EXTRA** TIONAL TIONAL PREVIOUSLY ENT AFTER FEE FEE **AMENDMENT** PAID FOR Total (37 CFR 1.16(c)) Minus ENDMI OR Minus OR FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL OR ADD'L FEE ADD'L FEE (Column 1) (Column 2) (Column 3) CLAIMS HIGHEST O PRESENT RATE ADDI-RATE ADDI-REMAINING NUMBER TIONAL TIONAL **EXTRA** ENT PREVIOUSLY AFTER FEE FEE PAID FOR AMENDMENT Total (37 CFR 1.16(c)) Minus = ENDM OR Minus Independent (37 CFR 1.16(b)) X \$ X S OR ₹ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) ÖR TOTAL TOTAL ADD'L FEE ADD'L FEE OR

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including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

<sup>\*</sup> If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

<sup>\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

<sup>\*\*\*</sup> If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.